2007 LIMITED LIABILITY.COMPANY ANNUAL REPORT

DOCUMENT # L03000010817

1. Entity Name SHILOH FARM, LLC



FILED Feb 09, 2007 08:00 AM Secretary of State

Principal Place of Business

1500 BENJAMIN CHAIRES ROAD TALLAHASSEE, FL 32317

Mailing Address

101 N. MONROE ST SUITE 900 TALLAHASSEE, FL 32301



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired S5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, WILTON R 101 NORTH MONROE STREET SUITE 900 TALLAHASSEE, FL 32301

the obligations of registered agent

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAI

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SIGNATURE_	Signature, typed or printed name of registered agent and title it applicable. (NOTE	Registered Agent signature required when reinstating) OATE DATE	
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, SUSANNE 1500 BENJAMIN CHAIRES RD TALLAHASSEE, FL 32317	000000629590 02/19/07-80007-017 50.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CHY-SE-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	•	;	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

OR AUTHORIZED REPRESENTATIVE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida I am familiar with, and accept